

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0006910 AT

DOCUMENT # **A00000001450**



**FILED**  
03 MAY -2 PM 7:49  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

1. Entity Name  
**EMILY G. LIVELY FAMILY PARTNERSHIP, LTD.**

Principal Place of Business  
**233 RIO VISTA DRIVE  
SOPCHOPPY FL 32358**

Mailing Address  
**233 RIO VISTA DRIVE  
SOPCHOPPY FL 32358**



2. Principal Place of Business  
**3775 Greyfield Drive**

3. Mailing Address  
**3775 Greyfield Drive**

Suite, Apt. #, etc.

**DUE BY MAY 1, 2003**

City & State  
**Tallahassee, FL**

City & State  
**Tallahassee, FL**

4. FEI Number **59-3672985** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

Zip **32311** Country

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6. Name and Address of Current Registered Agent  
**CARRAWAY, F. WILSON F JR.  
233 RIO VISTA DRIVE  
SOPCHOPPY FL 32358**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
**3775 Greyfield Drive**

City **Tallahassee** FL Zip Code **32311**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* DATE **H-28-03**

Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$2,000,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION	
DOCUMENT #	<b>CARRAWAY JR, F. WILSON</b>
NAME	<b>233 RIO VISTA DRIVE</b>
STREET ADDRESS	<b>SOPCHOPPY FL</b>
CITY-ST-ZIP	
DOCUMENT #	<b>KEMP, EMILY C</b>
NAME	<b>2132 GLENRIDGE DRIVE</b>
STREET ADDRESS	<b>TALLAHASSEE FL</b>
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	<b>3775 Greyfield Drive</b>
CITY-ST-ZIP	<b>Tallahassee FL 32311</b>
STREET ADDRESS	<b>600017912056</b>
CITY-ST-ZIP	<b>05/02/03--01102--022 **437.50</b>
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *[Signature]* **REQUIRED (F.W. Carroway Jr.)** DATE **4-28-03** DAYTIME PHONE # **942-2626**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (10/02)

STATE CHECK HERE